



DEATH TERMINATION PAY BENEFICIARY DESIGNATION FORM

<input type="checkbox"/> Election <input type="checkbox"/> Change <input type="checkbox"/> Effective Date _____															
Employee I. D. Number						Department				Social Security No.				Sex	
														<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name						First Name				M.I.		Work Phone: ()			
Address						Apt. No.		City				State		Zip Code	

TERMINATION PAY - If my termination of employment with the City of Houston is by reason of my death, I affirm the beneficiary, designated herein on this form, to receive any pay, which I otherwise would have received, payable based on my employment. Pay includes, but is not limited to, wages, value of unused vacation accruals, compensable (CLS) sick leave exceeding 1,040 hours, modified sick plan (MSP) leave hours, and paid time off (PTO) hours, if any, supported by City business policies and procedures in effect at the time of my death and payable through the City of Houston payroll system. Pay does not include any payments, resulting from my participation in City-sponsored programs or plans, payable from external sources.

NAMING THE BENEFICIARY – It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and a contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, date of birth, social security number, relationship, and if a minor, the age of that minor. If you need assistance, contact your human resources division or your legal counsel. This beneficiary designation form is effective the date on which Human Resources-Benefits receives it.

My Beneficiary Choices (pick one):

- ☐ **Choice A: Single Participant** (includes widowed or divorced)
I am not married and designate the individual(s) named on this form to receive my Death Termination Pay. I understand if I marry, this designation is void the date of my marriage. My spouse will be the assumed beneficiary until I properly execute another Death Termination Pay Beneficiary Form.
Note: If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the court decree.
- ☐ **Choice B: Married with Spouse as Sole Beneficiary** (spouse’s signature is not required)
I am married and designate my spouse named on this form to receive my Death Termination Pay.
- ☐ **Choice C: Married with Spouse Not as Sole Primary Beneficiary**
I am married and designate the individual(s) named on this form to receive my Death Termination Pay.
If you are married and do not name your spouse as the Sole Primary Beneficiary, your spouse must sign the consent below. The signature must be witnessed by a Human Resources representative or Notary Public.

PRIMARY BENEFICIARY					
Name	Date of Birth	Social Security #	Relationship	Age (if minor)	% to Each
CONTINGENT BENEFICIARY					
Name	Date of Birth	Social Security #	Relationship	Age (if minor)	% of Each

The percentage(s) must total 100 percent. If percentage is not listed, the Death Termination Pay will be divided equally between or among the primary or contingent beneficiaries, as applicable.

Employee Signature _____	Contact Phone _____ Date _____
Spouse’s Name (Print) _____	Print – Departmental HR Representative Employee ID _____
Spouse’s Signature (must be witnessed by HR Representative or Notary Public) _____	Signature– Departmental HR Representative Date _____

Your signature must be notarized if this form is not signed in the presence of a City of Houston Human Resources representative.

THE STATE OF TEXAS §
 §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing in strument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____ 20____ A.D.